

December 2005

PALMETTO STATE EPIC

PUBLISHED BY THE
SOUTH CAROLINA COLLEGE
OF EMERGENCY PHYSICIANS

EMERGENCY PHYSICIANS' INTERIM COMMUNIQUE

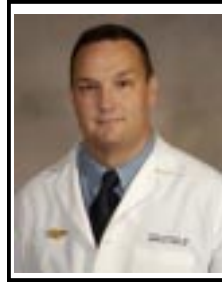


André Creese, MD, FACEP

A Time of Transition!

Stephen C. Stanfield,
MD, FACEP

President



Steve Stanfield, MD, FACEP

The last quarter of 2005 has been a period of transition for our chapter but has also been an opportunity for us to refocus our efforts and strengthen our goals for the coming year. Several weeks ago we were saddened by the unexpected news that our chapter President Dr. André Creese would be leaving our state and moving to Florida.

Dr. Creese joined the board of directors four years ago and has been an energetic, enthusiastic participant since that time. Dr. Creese has participated in white coat rallies at the state house, attended the annual ACEP meetings and been a vital part of SCCEP and the Board of Directors. This year he stepped forward to serve as president and has led with the same distinction that recently landed him on the cover of "US News and World Reports" as part of an article focusing on the "best hospitals in the country".

Dr. Creese started his term as president by setting forth the ambitious goal of taking our college on the road to better reach out to members and encourage emergency physicians from across the state to participate in our chapter. This is a goal I plan to continue. The first of these meetings was held in Greenville and was a success. Many members that otherwise may have never attended a chapter meeting were able to see firsthand the efforts of SCCEP.

Our loss is certainly Florida's gain and we wish Dr. Creese and his family much success as they move-on to face new challenges and opportunities. On behalf of SCCEP, I would like to thank Dr. Creese for his participation and contributions to our chapter.

As we look forward, it is important to build upon the momentum generated by my predecessors. We must continue with the goals set forth by the chapter at the beginning of the year. Before doing so, it is helpful to look back at 2005 and reflect upon the achievements of our chapter. The goals of the South Carolina College of Emergency Physicians can best be summarized by our vision statement.

"To be the voice of Emergency Medicine in the state of South Carolina; to increase respect in the House of Medicine by providing leadership at the local, state and national levels; to respond to the practice needs of our members, through education, information and advocacy; and, to provide a forum for social interaction and networking with other emergency physicians from around the state."

Over the past year, the College has addressed each specific aspect of this vision statement and in so doing has improved the state of emergency medicine in South Carolina. We have provided leadership at our local, state and national levels as is reflected by our presence at the State House during the "White Coat Rallies" earlier this year. Ultimately, these efforts directly contributed to the passage of "medical malpractice liability reform". We have also maintained a presence at the State House through our lobbyist and were successful in adding the "protection for emergency care" amendment to current legislation. In addition, we have again sent four delegates from our chapter to Washington D.C. to attend the ACEP Leadership and Legislative conference. The delegates met with our state congressmen and senators stressing issues crucial to emergency medicine in South Carolina.

.....Continued on next page

NEWS FLASH - 12/19/2005

House averted a scheduled 4.4% cut in physician's Medicare reimbursement by freezing current rates for one year (see Page 7)

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Our chapter has maintained its tradition of educational excellence by supporting The Oral Board Course and The Emergency Ultrasound Course. These two courses have continued to improve and are among the best courses in the country in their respective areas of expertise. The LLSA course was further developed and was once again held in conjunction with the SCCEP Symposium. This year, members were able to take the LLSA exam on-line during the course and complete their requirements for the year. It is our hope that this course continues to expand and become one of the premier LLSA courses in the country.

The second annual SCCEP Symposium was held this year in Charleston and was well attended. The symposium fulfills the vision statement by “providing a forum for social interaction and networking with emergency physicians from around the state”. Our goal for the symposium is that it will truly become an event where emergency physicians from around South Carolina can share ideas and concerns regarding the practice of emergency medicine in our state.

In 2006 SCCEP will continue to build on the momentum we have gained throughout this past year. Our specific goals will maintain the same focus outlined by our vision statement: strengthening our legislative network, increasing membership and improving educational opportunities and enhancing communication among the Chapter and its members.

Our first goal must be to continue with our legislative efforts at the State House. We must be vigilant with regards to malpractice reform, as challenges to this legislation will certainly arise. Strengthening participation in our Government Affairs Committee and continuing with our lobbying efforts are two specific tasks we will perform to fulfill this goal. Additionally, keeping members informed of legislative efforts and issues at the State House through our website, e-mails and the quarterly EPIC Newsletter will help to strengthen our grassroots network.

Our second goal is to increase our membership and participation. Our strength as a chapter is a result of the individual efforts of our members. We have many emergency physicians in South Carolina who are not currently members but possess talents that would greatly enhance our chapter. It is our duty to reach out to these individuals and encourage them to participate in SCCEP. By showcasing our Chapter benefits at regional meetings, we hope to achieve this goal. We will host quarterly chapter meetings open to all emergency physicians in each individual region of South Carolina. See the schedule in the EPIC for further details.

Our third goal is to continue to enhance our educational offerings through the efforts of the Education Committee. Our Chapter has a tradition of excellence in regards to educational activities and this will continue to grow as the Education Committee further develops the LLSA Course. We will offer this course on an annual basis in order to assist South Carolina

Emergency Physicians in fulfilling their ABEM requirements for continuous board certification.

Improved communication is in itself a goal but is also necessary in order to fulfill our other objectives. To this end, it is imperative that we inform members of the activities of the Chapter. Communication is a two-way street. It is equally important that we receive input from members regarding issues important to them at the local level so that we as a Chapter may act on these issues. Enhanced communication through our website, publishing a quarterly Epic Newsletter and holding regional meetings are some of the specific tasks that we will perform to achieve this goal.

By working together and achieving each of our goals, I believe that we can continue to build on the momentum that our Chapter has gained over the past year. Through capitalizing on the many talents of our membership, we have an outstanding opportunity to further improve emergency medicine in South Carolina. I encourage each of you to participate in this process and I look forward to working with each of you to achieve our goals.

TIME OUT FROM COUNCIL DUTIES



SCCEP Councilors Allison Harvey and Rich Schmitt enjoy a "ballgame" break

Donald G. Gregg, MD Memorial Fund Reaches Goal



Donald G. Gregg, MD, FACP

Earlier this year, Dr. Gregg's colleagues in Greenville started a memorial fund to raise \$50,000 for the Hospice House of Greenville so that a patient room could be named in his memory. This goal was reached in just a few months with contributions from physicians, nurses, EMS personnel and friends who wanted to honor this very special man. SCCEP contributed \$5,000

National Report Card To Be Unveiled

In early January, ACEP's "National Report Card on the State of Emergency Medicine" will be released. This important and potentially influential advocacy project will show the nation the condition of its emergency medical system. It is expected to generate substantial national and local media attention.

Each state will receive an overall grade as well as grades in each of four major categories; Access, Quality and Patient Safety; Public Health and Safety; and the Medical Liability Environment.

1. Access

- a. Annual per capita expenditure on hospital care
- b. Number of EDs per 1 million people
- c. BC emergency physicians per 100,000 people
- d. Number of registered nurses per 1,000 people
- e. Trauma centers per 1 million people

2. Quality and Patient Safety

- a. EM residents per 1 million people
- b. EM programs at medical schools and osteopathic programs in emergency medicine
- c. Are hospitals required to submit data on diversions
- d. Percentage of population with access to ALS ambulance services

3. Public Health and Safety

- a. Automobile safety metrics
- b. Helmet use required for all motorcycle riders?
- c. Substance abuse clients in specialty treatment units (per 100,000 population)
- d. Percent of live births with early prenatal care (beginning in the 1st trimester)
- e. Unintentional Injury Prevention Programs
- f. Law enforcement special unit or designated personnel to address a) domestic violence, and b) child abuse

4. Medical Liability Environment

- a. Caps on non-economic damages?
- b. Liability protection for emergency care?
- c. Pretrial screening panels?
- d. Collateral source rules?

The report card, designed to stimulate debate, will provide an advocacy platform for enactment of new laws and impetus to change sub-standard emergency medicine laws. Ultimately, it should help identify more resources for emergency medicine.

Because of its controversial nature, not everyone will agree with all of the criteria, measurement weights, or final grades. However, the development process was thorough, involving considerable resources and input from members and experts, working carefully to report accurate data on appropriate measures to present the most realistic assessment of emergency medicine in the US.

Initial media advisories went out in November. The release of the report card is expected to be broadcast by the Associated Press, Washington Post, USA Today, Wall Street Journal, New York Times, and National Public Radio. SCCEP leaders are in the process of making arrangements with local media outlets for expanded local coverage.

SCCEP plans to ask Governor Sanford to appoint a task force to review the SC report card grades and develop solutions to identified challenges facing South Carolina's emergency medical health care system.

SCCEP Members Appointed To Serve on ACEP Committees

Congratulations to the following SCCEP members who were chosen to serve on ACEP Committees:

Kenneth L. DeHart, MD, FACEP: *Coding & Nomenclature Advisory; Education; Reimbursement*

Richard A. Schmitt, MD, FACEP: *Finance; State Legislative/Regulatory*

Eric S. Weinstein, MD, FACEP: *Public Health*

SCCEP Member Lobbies Federal Legislators



Last week, SCMA Past President Steven Imbeau, MD led a delegation of physicians to Washington, DC. From left, Steven Imbeau, MD; MEDPAC Chairman Vince Degenhart, MD; US Representative Joe Wilson; SCMA Past President Duren Johnson, MD; SCMA Chairman Richard Schmitt, MD; SCMA CEO Todd Atwater, JD.

A delegation from SCMA, including SCCEP member Rich Schmitt, met with every member of the House and Senate from South Carolina to ask for legislation to fix the flawed Medicare physician reimbursement Sustainable Growth Rate (SGR) formula. Senator Lindsey Graham and Congressman Jim Clyburn were co-sponsors of the SGR legislation. As a result of the visit, Senator Jim DeMint and Congressmen Joe Wilson and Henry Brown joined as co-sponsors.

2005 ACEP Council Report

by Richard A. Schmitt, MD, FACEP

The 2005 ACEP Council Meeting was held in Washington, DC, in September. Drs. Steve Grant, Allison Harvey, and I were privileged to attend to represent SCCEP.

The Council considered 57 resolutions: 41 were adopted, 4 were defeated, 2 were withdrawn, and 10 were referred to the Board of Directors. Among those passed was a memorial to our own, Dr. Donald L. Gregg, eloquently authored by Dr. Grant.

The Council considered resolutions on the following;

1. Membership Eligibility
2. Fellowship and its Implications
3. Single-Payer Health Insurance
4. Medical Staff Self-Governance and Independence
5. BME Oversight of Out of State Egregious Medical Testimony
6. Health Courts
7. Proper Payment Under Assignment of Benefits
8. ACEP Strategic Role in County, State and American Medical Societies
9. Availability of Hospital Diagnostic and Therapeutic Services
10. Contemporaneous Interpretation of CT Scans
11. EMP Autonomy in Performance & Interpretation of Diagnostic Imaging Studies
12. Process of Determining Compensation of ACEP Officers and Board of Directors
13. Enhanced Communication of College Financial Information
14. Code of Ethics for Emergency Physicians
15. Rural Emergency Medicine Workforce
16. Disaster Medical Response

The meeting was historic for several reasons. For the first time, the Council, not the Board, elected the ACEP President-Elect, Dr. Brian Keaton (OH). The Council split the Board Leadership into a President and Chairman of the Board (like the SCMA and AMA). Dr. John Bibb (CA) was subsequently elected Chairman of the Board. The Council also reaffirmed the efforts of the leadership to enhance communication and transparency of College Finances. New Board Members were elected, Dr. Linda Lawrence (incumbent), Dr. David Sklar, Dr. David Seaburg, and Dr. Kathleen Cowling.

There was significant discussion about ACEP's response to recent hurricanes, lessons learned, and how to increase advocacy efforts to effect national changes to more effectively respond to upcoming natural and man-made disasters.

Putting their money where their mouths are Council members raised over \$40,000.00 for the Emergency Medicine Foundation, and over \$120,000.00 for NEMPAC. The SC delegation had 100% participation in both fund drives. We still need everyone's help in reaching NEMPAC's goal of raising \$1 million for the 2005-2006 election cycle. This will make ACEP a major player

in advocacy efforts. Considering the major reimbursement cuts planned for the next 6 years, any money donated should be considered an investment well worth the money!!!

Thank you on behalf of the SC delegation for the opportunity to represent your interests at the national level. Please contact any of your councilors should you have further questions about any of the resolutions.

SUBMITTED BY: SC College of Emergency Physicians

SUBJECT: In Memory of Donald G. Gregg, MD

WHEREAS, Donald G. Gregg, MD, was a founding member of the SC College of Emergency Physicians, and was an integral part of the founding of the our state chapter; and

WHEREAS, Dr. Gregg served the College faithfully at the state and national level, having been president of the SC Chapter, Board member for 18 years and councillor to this college for years; and an Examiner and Senior Examiner for the American Board of Emergency Medicine ABEM for 18 years; and

WHEREAS, Dr. Gregg served our nation in the United States Air Force for over 20 years on active and reserve duty, including a combat tour in Vietnam; and

WHEREAS, Dr. Gregg, helped promote the practice of emergency medicine in South Carolina by representing our specialty as a member of the State Peer Review for two decades and the State Board of Medical Examiners Medical Disciplinary Commission for a decade; and

WHEREAS, Dr. Gregg was a dedicated community leader, as a volunteer at the Greenville Free Clinic, and serving as the regional EMS director, and was awarded a Lifetime Achievement Award in recognition of outstanding service and dedication to EMS in South Carolina, and South Carolina's highest civilian honor, the Order of the Palmetto; and

WHEREAS, Dr. Gregg touched the lives of many emergency physicians as a professional role model, educator, mentor, colleague, and friend and was the first recipient of the South Carolina College of Emergency Physicians Jack K. Niles Leadership Award in 1992; and

WHEREAS, Dr. Gregg was taken too early from us and his loving family, wife Becky, sons Daniel and David, and daughter Karen, after a courageous fight against cancer; therefore be it

RESOLVED, That the American College of Emergency Physicians extends deepest sympathy to the family, friends, and colleagues of Donald G. Gregg, MD; and be it further

RESOLVED, That the American College of Emergency Physicians acknowledges with gratitude the personal and professional accomplishments of Donald G. Gregg, MD, and honors those achievements with a period of silence at the Council meeting.

UPDATE IN PEDIATRIC ACETAMINOPHEN POISONING

by William H. Richardson, MD
Medical Director, Palmetto Poison Center

Acetaminophen is a very common drug overdose for both children and adults. In 2003, the American Association of Poison Control Centers reported over 127,000 exposures to either acetaminophen alone or in combination with other drugs. Poison control centers must use a valid threshold exposure to determine those patients requiring hospital referral and to assist physicians in identifying those patients that necessitate interventions. For years, the recommended threshold value for referral to a health care facility has been 150 mg/kg of acetaminophen. This is based primarily on adult data that has been extrapolated to pediatric exposures.

Numerous studies (4-7) support pharmacokinetic differences in acetaminophen metabolism in children less than 6 years of age providing another example that "children are not just small adults." Given the extensive data available, a referral threshold of 200 mg/kg acetaminophen exposure for children under six years old is justified. This has been the practice of many medical toxicologists and poison centers for years without any evidence of increased morbidity or mortality.

While the traditional 150 mg/kg referral threshold remains for older children and adults, the Palmetto Poison Center will use a 200 mg/kg exposure referral threshold for children under the age of 6. The anticipated positive effects of this strategy include fewer hospital referrals, fewer unnecessary interventions, decreased anxiety for families, and economic savings.

- 1) Tenenbein M. Acetaminophen: the 150 mg/kg myth. *J Tox Clin Tox* 2004; 42:145-48.
- 2) Bond GR. Reduced toxicity of acetaminophen in children: it's the liver. *J Tox Clin Tox* 2004; 42:149-52.
- 3) Benson SE, et al. Do Poison Center guidelines adversely affect patient outcomes as triage referral values increase? *J Tox Clin Tox* 2003; 41:585-90.
- 4) Bond GR, et al. Acetaminophen ingestion in childhood—cost and relative risk of alternate referral strategies. *J Tox Clin Tox* 1994; 32:513-25.
- 5) Mohler CR, et al. Prospective evaluation of mild to moderate pediatric acetaminophen exposures. *Ann Emerg Med* 2000; 35:239-44.
- 6) Caravati EM. Unintentional acetaminophen ingestion in children and the potential for hepatotoxicity. *J Tox Clin Tox* 2000; 38:291-96.
- 7) Anderson BJ, et al. Predicting concentrations in children presenting with acetaminophen overdose. *J Pediatr* 1999; 135:290-95.



Palmetto Poison Center Update:

Prior to January 2002, citizens in South Carolina had to learn only one number for poison information, 1-800-922-1117. This number was usually obtained from a Mr. Yuk sticker on their telephone or refrigerator. A newer number, 1-800-222-1222, allows someone to call from anywhere in the US and be connected to the nearest poison control center. When you call 1-800-222-1222, you are automatically routed to the poison center serving your area. For anyone calling within South Carolina, they will be connected to the Palmetto Poison Center.

The Palmetto Poison Center serves the entire state of South Carolina. It is the only poison center in South Carolina and received over 37,000 calls in 2004. The operations center is located within the University of South Carolina's College of Pharmacy in Columbia and is staffed by experienced, toxicology-trained pharmacists and nurses. The Center provides information for both health care professionals and public callers regarding ingestions, envenomations, adverse medication effects, occupational exposures, and biochemical disasters. Clinical oversight is provided by the Medical Director, a physician double-boarded in medical toxicology and emergency medicine.

The 1-800-222-1222 poison center number is being promoted with a Poison HELP logo. The Palmetto Poison Center will continue to provide Mr. Yuk stickers but will also supply materials with the updated logo. Although callers are encouraged to learn and use the new number, the Center's previous hotline numbers (1-800-922-1117 and 803-777-1117) will continue to be in service.

For more information about the new number, please contact the Palmetto Poison Center. The Center has stickers, magnets, and pamphlets available for distribution to families, schools, and community groups free of charge.

EPIC ON-LINE IN LIVING COLOR

If you received this EPIC in the mail that means we do not have a current e-mail address for you. A "color" copy of EPIC can be seen on the SCCEP Website at www.sccep.org. OR, send your correct e-mail address to SCCEP@sc.rr.com and one will be e-mailed to you.

2006 LEGISLATIVE ISSUES

Medical Practice Act - SCMA is participating in the revision of the Medical Practice Act to ensure physicians are not negatively impacted by changes. The Act provides that the complainant's identity be disclosed to physicians unless there is good cause to withhold it and no information with regard to an investigation becomes public until the formal complaint stage.

Medical Malpractice Provisions - Senator Glenn McConnell is keeping his word and has assigned a Senate Judiciary subcommittee to study further provisions for med/mal reform. The committee has discussed:

"I'm Sorry" Provision - allowing physicians to apologize and talk openly with families when a medical error or bad outcome occurs; this apology will not be admissible in court/used against a physician as an admission of wrongdoing if a lawsuit is filed.

"Patient Safety Issues" - a voluntary, confidential reporting program removing legal/structural barriers impeding providers from publicly addressing patient care. Dr. Emerson Smith, a sociologist/consultant, testified on the Aviation Model as applied to health care to reduce medical errors.

"No-Fault Recovery" - identifying areas where "no-fault recovery" could be established for catastrophic injuries. Testimony focused on VA's Birth-Related Neurological Injury Compensation Program and FL's Neurological Injury Compensation Association, programs established in the 1980's to assure payment of lifetime care for infants with birth-related neurological injuries as an alternative to a malpractice action.

Alternative Dispute Resolution Methods - focusing on alternative dispute resolution methods such as pre-contract binding arbitration and medical courts. The "SC Medical Claims Arbitration Act" (S.577) introduced by Senator Chip Campsen is pending in the Senate Judiciary Committee and amends the code to permit physician pre-agreement contracts with patients which is currently prohibited, for physicians as well as attorneys.

Cigarette Tax Increase - supporting an increase in the cigarette tax with the revenue dedicated to Medicaid. SC has the lowest cigarette tax in the nation at 7¢ per pack. The national average is 93¢; the southeastern average is 32¢.

Prompt Pay - supporting the "prompt pay" bill (S.53) sponsored by Sen. Luke Rankin and "Medical Lien Law" bill, (H. 3729) sponsored by Rep. Murrell Smith. Meaningful prompt pay requires provisions regarding assignment of benefits and retroactive recoupment of payment not exceeding one year.

Medicaid Waiver - HHS Director, Robbie Kerr plans to reduce Medicaid growth from 9 to 6% by using companies to manage patient care since Medicaid cannot manage care or disease states well. Co-payments are based on type/location of service;

no co-payment for primary care, \$20 co-pay for the non-emergencies in the ED, no co-payments for children or pregnant women.

Medicaid Fact - 850,000 of 4.2 m South Carolinians receive Medicaid which pays for 50% of births.

A Student's Solution to Lack of Exposure by John N. Limehouse (MUSC)

In the fall of my 3rd year of medical school at the Medical University of South Carolina I was elected to be the president of our Emergency Medicine Interest Group. As president, other students would ask me questions about Emergency Medicine, and like most other 3rd-year students I could not answer. This made me realize that due to a gap in our curriculum students had little to no contact with emergency medicine until our 4th year, after most of us have all ready decided on a specialty. With the help of EMIG advisor Dr. Fran Tunney and fellow student Sherief Khalil we designed a solution in the form of an elective for rising 2nd year students. The goal of this elective is to give students interested in emergency medicine an opportunity to gain insight into the professional life of an emergency physician. Students are assigned to observe in 4 very different hospital settings, including a rural ED (Colleton Regional), a suburban community hospital (Summerville Medical Center), an academic tertiary care ED (MUSC) and an urban county ED (CMH). In addition, the students spend a couple of shifts riding along with EMS, and are responsible for reviewing a list of articles and publications with information relevant to choosing a career in EM, picking a residency, and the application process. This summer we had 10 students, and next year we hope this number will increase further as we include one or two other ED settings. The evaluations we received for this elective were overwhelmingly positive. None of the students felt that the elective was something they would not recommend. And, all the students felt the elective experience was helpful in their making decisions regarding a career choice.

Notes from students who participated in the original summer experience: *The summer ER elective was a great experience. I had the opportunity to suture, staple, start IV's, among several other things. I would recommend the elective to anyone interested in Emergency Medicine, or even to those who aren't quite sure yet - Sherief Khalil*

I enjoyed my experience with the ER summer elective. I got to interact with much of the staff, gaining some insight into the schedule, lifestyle and personality of the ER. New experiences like practicing IVs on the doctor I was shadowing at 4:30am, and suturing a patient's arm instead of a pig's foot made the program more than worthwhile - Brantley Busby

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newsletter of the South Carolina College of
Emergency Physicians

Editor: Joy Zimmer

Medical Editor: Pamela Bensen, MD, FACEP

EPIC is sent to emergency physicians in South
Carolina. The opinions expressed in this newsletter
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WELCOME NEW MEMBERS AND TRANSFERS

Following is a list of new members and transfers who have
joined the chapter since the last EPIC was published. We
welcome them to South Carolina and SCCEP.

Scott A. Coradi, DO (Murrels Inlet)
Randolph J. Cordle, MD, FACEP (Ft. Mill)
Robert G. Greaves, MD (Kiawah Island)
Jorge L. Infante, MD (Myrtle Beach)
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Brent Theiling (Student-USC)
Mark E. Vadney (Student-MUSC)
Christopher C. Ward, MD, FACEP (Mt. Pleasant)

PHYSICIAN MEDICARE REIMBURSEMENT CUTS AVERTED AT LAST MINUTE

On Monday, December 19, the U.S. House of Representatives
averted the scheduled 4.4% cut in physician's Medicare
reimbursement by approving a plan in conference committee
that freezes the current rates for one year. The Senate is
expected to take up the conference report this week.

Over the past month, physicians in South Carolina and nation-
wide responded to grassroots calls-to-action by contacting
their congressmen and traveling to Washington, D.C. to share
their concerns over these cuts with their representatives.
ACEP sent out Action Alerts encouraging members to contact
their legislators to share the repercussions these cuts would
likely have on access to care in emergency departments
throughout the country.

Over 360,000 physicians and patients let their representatives
know that these cuts were unacceptable - and the representa-
tives listened.

Again, this proves that Physicians can make a difference! All
they have to do is respond and take action when needed.

Happy Holidays to All!
And Best Wishes for a Happy,
Healthy New Year.
Board of Directors and Staff

UPCOMING EVENTS - MARK YOUR CALENDARS

SCCEP SHOW GOES ON THE ROAD
Thursday, February 16, 2006 - Florence
(Place/time to be announced in the near future)



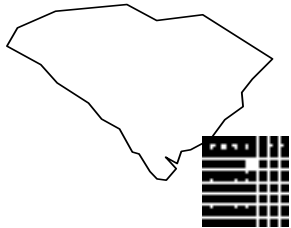
SCCEP ORAL BOARD COURSE - March 17-19, 2006
Quality Suites, North Charleston
Visit Chapter Website for more information - www.sccep.org

SCCEP ANNUAL MEETING - May 8, 2006
Historic Embassy Suites, Charleston

SCCEP LLSA COURSE - May 9-10, 2006
Historic Embassy Suites, Charleston

SCCEP EMERGENCY ULTRASOUND COURSES
For information on scheduled courses visit the
Ultrasound Website at www.emergencyultrasound.com

More detailed information on Annual Meeting and LLSA Course will be sent out when available



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